



General Assembly

January Session, 2011

Raised Bill No. 1154

LCO No. 4396

* SB01154PD_PH_032311 *

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

***AN ACT CONCERNING THE REPORTING OF CLAIMS INFORMATION
TO THE COMPTROLLER AND ADDITIONAL DUTIES OF THE
COMPTROLLER.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) Not later than October
2 first annually, each municipality shall submit electronically to the
3 Comptroller, in a form prescribed by the Comptroller, such
4 municipality's claim information for any group health insurance policy
5 or plan such municipality sponsors for its active employees and
6 retirees that provides coverage of the type specified in subdivisions (1),
7 (2), (4), (11), (12) and (16) of section 38a-469 of the general statutes.

8 (b) (1) Such claim information shall (A) include the information set
9 forth in subdivision (2) of this subsection, (B) be only health
10 information that has had identifiers removed, as set forth in 45 CFR
11 164.514, is not individually identifiable, as defined in 45 CFR 160.103,
12 and is permitted to be disclosed under the Health Insurance Portability
13 and Accountability Act of 1996, P.L. 104-191, as amended from time to
14 time, or regulations adopted thereunder, and (C) does not disclose the
15 identity of the insurer, health care center, hospital service corporation,

16 medical service corporation or other entity delivering, issuing for
17 delivery, renewing, amending or continuing such policy or plan.

18 (2) Each municipality shall submit to the Comptroller the following
19 claim information for the policy or plan year immediately preceding:

20 (A) A list of each type of health insurance policy or plan offered to a
21 municipality's employees and retirees and specific details for each such
22 policy or plan, including, but not limited to:

23 (i) Covered benefits and any limits on such benefits;

24 (ii) If a municipality is fully-insured, the total premium costs for
25 each policy or plan, organized by active employees and by retirees,
26 and the employee share and the retiree share of each such total
27 premium cost;

28 (iii) If the municipality is self-insured, the total dollar amount of
29 claims paid by each policy or plan, organized by active employees and
30 by retirees, and the employee share and the retiree share of each such
31 total amount;

32 (iv) Employee and retiree cost-sharing requirements such as
33 coinsurance, copayments, deductibles or other out-of-pocket expenses
34 associated with in-network and out-of-network providers;

35 (v) If a municipality sponsors a prescription drug plan, the value of
36 any rebates or cost reductions provided to such municipality for such
37 plan; and

38 (vi) The claims experience related to each policy or plan;

39 (B) A list of the total number of employees and retirees in each
40 policy or plan, organized by (i) municipal department, (ii) collective
41 bargaining unit, if applicable, (iii) coverage tier, including, but not
42 limited to, single, two-person and family including dependents, and
43 (iv) active employee or retiree status; and

44 (C) For the two policy or plan years immediately preceding, the
 45 percentage increase or decrease in the policy or plan costs, calculated
 46 as the total premium costs or the total dollar amount of claims paid, as
 47 applicable, inclusive of any premiums or contributions paid by active
 48 employees and retirees, divided by the total number of active
 49 employees and retirees covered by such policy or plan.

50 (c) Not later than January 1, 2012, and annually thereafter, the
 51 Comptroller shall submit a report, in accordance with section 11-4a of
 52 the general statutes, to the joint standing committees of the General
 53 Assembly having cognizance of matters relating to appropriations,
 54 insurance, labor and planning and development, that provides
 55 estimated costs or savings for each municipality if such municipality
 56 obtains health insurance of the type set forth in subsection (a) of this
 57 section from the state employee plan established under subsection (m)
 58 of section 5-259 of the general statutes.

59 Sec. 2. (NEW) (*Effective from passage*) (a) The Comptroller shall
 60 convene a group including, but not limited to, (1) health insurance
 61 companies, health care centers, hospital service corporations, medical
 62 service corporations or other entities delivering, issuing for delivery,
 63 renewing, amending or continuing a health insurance policy or plan of
 64 the type set forth in subsection (a) of section 1 of this act, (2)
 65 employers, (3) health care providers, (4) health care facilities, and (5)
 66 consumers, to facilitate the development and establishment of health
 67 care provider payment reforms, including, but not limited to,
 68 multipayer initiatives, accountable care organizations, patient-centered
 69 medical homes, primary care case management, value-based
 70 purchasing and bundled purchasing. Any participation by such
 71 entities and individuals shall be on a voluntary basis.

72 (b) (1) The Comptroller or the Comptroller's designee may (A)
 73 conduct a survey of health insurance companies or other entities
 74 specified in subdivision (1) of subsection (a) of this section, employers,
 75 health care providers and health care facilities concerning payment
 76 delivery reforms, and (B) convene meetings at a time and place that is

77 convenient for the entities and individuals set forth in subsection (a) of
78 this section.

79 (2) The Comptroller or the Comptroller's designee shall ensure that
80 any such survey or meeting shall not solicit, share or discuss pricing
81 information.

82 (3) Any such survey conducted or meeting held pursuant to this
83 section shall not be: (A) A violation of chapter 624 of the general
84 statutes; or (B) subject to disclosure under section 1-210 of the general
85 statutes.

86 Sec. 3. Section 19a-654 of the general statutes is repealed and the
87 following is substituted in lieu thereof (*Effective July 1, 2011*):

88 (a) [The Office of Health Care Access division of the Department of
89 Public Health shall require] Each short-term acute care general or
90 children's [hospitals to] hospital and each licensed out-patient surgical
91 facility shall submit such data, including inpatient data, out-patient
92 data, if any, and discharge data [, as it deems] necessary to fulfill the
93 responsibilities of the [office] Office of Health Care Access division of
94 the Department of Public Health. Such data shall include data taken
95 from medical record abstracts and hospital bills. The timing and
96 format of such submission shall be specified by the office. The data
97 may be submitted through a contractual arrangement with an
98 intermediary. If the data is submitted through an intermediary, the
99 hospital shall ensure that such submission is timely and that the data is
100 accurate. The office may conduct an audit of the data submitted to
101 such intermediary in order to verify its accuracy. Individual patient
102 and physician data identified by proper name or personal
103 identification code submitted pursuant to this section shall be kept
104 confidential, but aggregate reports from which individual patient and
105 physician data cannot be identified shall be available to the public.

106 (b) Not later than October 1, 2011, the Office of Health Care Access
107 shall enter into a memorandum of understanding with the
108 Comptroller that shall permit the Comptroller to access the data set

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2011</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2011</i>	19a-654

INS	<i>Joint Favorable C/R</i>	PD
PD	<i>Joint Favorable C/R</i>	PH